

# **APPLICATION DATA SHEET**

## **Application Information**

Application Number::

Filing Date::

Application Type:: Regular

**Subject Matter::** Utility

### Suggested Classification::

### Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

**Number of Copies of CDs::**

## Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

# Title:: A CONTAINER FOR AERATED BEVERAGES

Attorney Docket Number:: 016660-191

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 8

Total Drawing Sheets:: 5

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Hong Kong, China

Status:: Full Capacity

Given Name:: Man Lung

Middle Name::

Family Name:: LAW

Name Suffix::

City of Residence:: Kowloon

State or Province of Residence::

Country of Residence:: Hong Kong, China

Street of Mailing Address:: Flat 6, 5/F., Block B, Hamden Court, 149 Hong  
Ning Road, Kwun Tong

City of Mailing Address:: Kowloon

State or Province of Mailing Address::

Country of Mailing Address:: Hong Kong, China

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Hong Kong, China  
Status:: Full Capacity  
Given Name:: Wing Shin Simon  
Middle Name::  
Family Name:: LAU  
Name Suffix::  
City of Residence:: Kowloon  
State or Province of Residence::  
Country of Residence:: Hong Kong, China  
Street of Mailing Address:: Flat 32H, Tower 7, Park Avenue, 18 Hoi Ting Road, Tai Kok Tsui  
City of Mailing Address:: Kowloon  
State or Province of Mailing Address::  
Country of Mailing Address:: Hong Kong, China  
Postal or Zip Code of Mailing Address::

### **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

### **Representative Information**

Representative Customer Number:: 21839

### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing  
Date::

### **Foreign Priority Information**

Country:: Application Number:: Filing Date:: Priority  
Claimed::

### **Assignee Information**

Assignee Name:: Siew Wai Vivian FOO

Street of Mailing Address:: 6/F., Harcourt House, 39 Gloucester Road

City of Mailing Address:: Wanchai

**State or Province of Mailing Address::**

**Country of Mailing Address:: Hong Kong**

**Postal or Zip Code of Mailing  
Address::**